



# Iowa Department of Human Services

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## INFORMATIONAL LETTER NO.1826-MC-FFS

**DATE:** September 1, 2017

**TO:** Iowa Medicaid Integrated Health Homes (IHH), Iowa Medicaid Home- and Community-Based (HCBS) Providers and Targeted Case Managers (TCM)

**APPLIES TO:** Managed Care (MC) and Fee-for-Service (FFS)

**FROM:** Iowa Department of Human Services (DHS), Iowa Medicaid Enterprise (IME)

**RE:** Further Clarification of Assessment Tools Approved for Home- and Community-Based Services

**EFFECTIVE:** September 10, 2017

This letter provides further clarification to [Informational Letter 1761-MC-FFS<sup>1</sup>](#).

Effective August 9, 2017, the administrative rules requiring the use of specifically named standardized assessment tools for determining level of care for each of the HCBS Waiver programs and the needs based eligibility for the HCBS Habilitation program were implemented. These rules may be found at:

HCBS Habilitation Program	441 IAC 78.27(2)
HCBS Health and Disability Waiver	441 IAC 83.2(1) d.
HCBS Elderly Waiver	441 IAC 83.22(1) d.
HCBS AIDS/HIV Waiver	441 IAC 83.42(1) b.
HCBS Intellectual Disability Waiver	441 IAC 83.61(2) a.
HCBS Brain Injury Waiver	441 IAC 83.82(1) f.
HCBS Physical Disability Waiver	441 IAC 83.102 (1) h.
HCBS Children's Mental Health Waiver	441 IAC 83.122(3)

The department will delay implementation of the standardized assessment tools until September 10, 2017, to allow time for training of personnel and implementation of the tools where they are not already in use. The department will continue to accept those tools previously identified in Informational Letter 1761-MC-FFS through September 9, 2017. HCBS Waiver Level of Care (LOC) and Habilitation Needs Based Assessment (NBA) tool clarifications and processes are outlined below:

- 1) The [Medicaid Member Documentation Upload Cover Sheet<sup>2</sup>](#) must be fully completed and used as the first page of each member's documents prior to uploading to the [Iowa](#)

<sup>1</sup> [https://dhs.iowa.gov/sites/default/files/1761-MC-FFS\\_ClarificationAssessmentToolHCBS.pdf](https://dhs.iowa.gov/sites/default/files/1761-MC-FFS_ClarificationAssessmentToolHCBS.pdf)

<sup>2</sup> <https://dhs.iowa.gov/sites/default/files/470-5403.pdf>

[Medicaid Portal Access](#)<sup>3</sup> (IMPA) system for assessments that need to be reviewed by IME for medical necessity. A separate coversheet must be utilized for each member, and each member's documents must be a separate upload. Lack of a fully completed cover sheet may delay the IME processing of documents.

- 2) Effective September 10, 2017, the IME Medical Services Unit will accept only the assessments tools listed on the attached chart to complete the Waiver LOC and Habilitation NBA.
- 3) The IME will not accept tools that have not been specified as usable for the HCBS program for which the applicant has applied. For example, the Supports Intensity Scale (SIS) cannot be used for the Elderly Waiver, nor can the interRAI Home Care be used for applicants for the Intellectual Disability Waiver.
- 4) If IME staff becomes aware that additional pertinent information is required to complete the LOC and NBA assessment processes, staff will contact the assessment submitter, the MCO (if applicable) and the IME MCO account manager (if applicable), for that information. The IME does accept and review subsequent submissions of information that may inform eligibility decisions.

If you have any questions please contact the IME Provider Services Unit at 1-800-338-7909, or email at [IMEproviderservices@dhs.state.ia.us](mailto:IMEproviderservices@dhs.state.ia.us).

The HCBS Approved Standardized Assessment Tools are shown below:

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<sup>3</sup> [https://secureapp.dhs.state.ia.us/impd/\(S\(drt2upyze0x4o0te5qljhbga\)\)/Default.aspx](https://secureapp.dhs.state.ia.us/impd/(S(drt2upyze0x4o0te5qljhbga))/Default.aspx)

Waiver/Service Type	Age	DHS Designated Assessment Tool
AIDS/HIV	0 - 3	Case Management (CM) Comprehensive Assessment
	4 - 20	interRAI - Pediatric Home Care (PEDS-HC)
	21 +	interRAI - Home Care (HC)
AIDS/HIV with Habilitation	16 - 18	inter-RAI Child and Youth Mental Health (ChYMH)
AIDS/HIV with Habilitation	19 +	interRAI - Community Mental Health (CMH)
Brain Injury (BI)	0 - 3	CM Comprehensive Assessment
	4 - 20	interRAI - Pediatric Home Care (PEDS-HC)
	21 +	interRAI - Home Care (HC)
BI with Habilitation	16 - 18	inter-RAI Child and Youth Mental Health (ChYMH)
BI with Habilitation	19 +	interRAI - Community Mental Health (CMH)
Children's Mental Health	0 - 3	CM Comprehensive Assessment (or modified PIHH)
	4 - 20	interRAI - Child and Youth Mental Health (ChYMH)
	12 - 18	interRAI - Adolescent Supplement (in addition to ChYMH)
Elderly	65 +	interRAI - Home Care (HC)
Elderly with Habilitation	65 +	interRAI - Community Mental Health (CMH)
Health and Disability (HD)	0 - 3	CM Comprehensive Assessment
	4 - 20	interRAI - Pediatric Home Care (PEDS-HC)
	21 - 64	interRAI - Home Care (HC)
HD with Habilitation	16 - 18	inter-RAI Child and Youth Mental Health (ChYMH)
HD with Habilitation	19 +	interRAI - Community Mental Health (CMH)
Intellectual Disability (ID)	0 - 4	CM Comprehensive Assessment
	5 - 15	Supports Intensity Scale - Child (SIS-C)
	16+	Supports Intensity Scale - Adult (SIS-A)
ID with Habilitation	16 +	Supports Intensity Scale - Adult (SIS-A)
Physical Disability (PD)	18 - 20	interRAI - Pediatric Home Care (PEDS-HC)
	21 +	interRAI - Home Care (HC)
PD with Habilitation	18	inter-RAI Child and Youth Mental Health (ChYMH)
PD with Habilitation	19 +	interRAI - Community Mental Health (CMH)
Habilitation Services	16 - 18	interRAI - Child and Youth Mental Health (ChYMH)
	19 +	interRAI - Community Mental Health (CMH)